MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047067 STATE FILE NUMBER

Registration District No. _149_ Primary Registration District No. _1002_ Registrar's No. _6439_

FILED JAN 7 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hyde Park Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Merriam — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 8900 West 69th St., — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: WILLIAM   Middle: J.   Last: MARTIN

4. DATE OF DEATH Month Day Year: 12 - 17 - 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐   Never Married ☐   Widowed ☒   Divorced ☐
8. DATE OF BIRTH: 6-13-1873
9. AGE (last birthday): 89   IF UNDER 1 YEAR Months Days   IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Employee, Dept. Water
10b. KIND OF BUSINESS OR INDUSTRY: Aspinwall. County
11. BIRTHPLACE (City and state or country): Downs, Pennsylvania, Ireland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: Margaret —
14. NAME OF HUSBAND OR WIFE: Anna M.   1951
Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas R. Spence   2d

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Broncho Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Inanition
DUE TO (c): Senility & ASHD.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Fracture of Pubic Rami

PART III. If deceased was female was there a pregnancy in last 90 days?
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒   SUICIDE ☐   HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell Down Stairs at Home

20c. TIME OF INJURY: Hour 2 30 p.m.   Month, Day, Year: Nov 15, 62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from _1956_, to _Dec 17, 62_ and last saw him alive on _Dec 17, 62_
Death occurred at _5 50_ _P_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sherman W. Steinzeig MD
22b. ADDRESS: 772 New Brg Bldg Kansas City, Kans.
22c. DATE SIGNED: 12/19/62

MEDICAL CERTIFICATION — M. Steinzeig — Sherman

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/18/1962
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county): Aspinwall, Penn.

24. FUNERAL DIRECTOR — ADDRESS: Werner Mortuary, Kansas City, Kans.
25. DATE RECD. BY LOCAL REG.: 12-18-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Donald R. Werner_____
        Signature of Student Embalmer

                                                  Licensed Embalmer No. _5007_____

                                                  P. O. Address _Kans City Kansas_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
        If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
        If this body is not embalmed, fact should be so stated above.